

The State of New Hampshire

_____ COUNTY

PROBATE COURT

REPORT OF THE GUARDIAN OF THE PERSON - MINOR

6-month Report

Annual Report

Other

IN RE: Guardianship of _____

DOCKET NUMBER: _____

REPORTING PERIOD: _____

1. Guardian Name _____ Telephone _____

Mailing Address _____

Guardian Name _____ Telephone _____

Mailing Address _____

2. Minor Name _____ Telephone _____

Mailing Address _____

Residence Address _____

Type of facility _____ Telephone _____

3. Name of institution (if minor is institutionalized) _____

Mailing Address _____

4. Physical health of minor _____

Significant changes since last report _____

5. Hospitalization(s) since last report _____

Surgical procedure(s) since last report _____

Illness(es) since last report _____

6. Mental health of minor _____

Psychiatric treatment(s) since last report _____

7. Has there been any change of living conditions of the minor since the last report?

Yes No If yes, please explain. _____

8. Has there been any change in the financial status of the minor since the last report?

Yes No If yes, please explain. _____

9. Name of present school attended by the minor _____

Grade _____ Are there any special educational issues that have arisen since the last report? If so, please explain. _____

IN RE: Guardianship of _____

10. Provide any other information related to the well-being, behaviors, and care of the minor that may assist the court to better assess the general welfare of the minor.

Date: _____

Guardian Signature

Date: _____

Guardian Signature

READ AND APPROVED

Date: _____

Judge of Probate